

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name	Lantern Project													
(b) Address (number and street)	<input type="checkbox"/> check if different than previously reported 1735 Market Street, Suite A425													
(c) City, State and ZIP Code	Philadelphia, PA 19103													
(d) Name of Employer or Principal Place of Business	(e) Occupation N/A													
3. Is This Statement or <input checked="" type="checkbox"/> New <input type="checkbox"/> Amended		4. Covering Period <table><tr><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 19</td><td>:</td><td><input type="checkbox"/> 09</td><td>2006</td></tr><tr><td colspan="3">through</td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 29</td><td><input type="checkbox"/> 2006</td></tr></table>		<input type="checkbox"/> 09	<input type="checkbox"/> 19	:	<input type="checkbox"/> 09	2006	through			<input type="checkbox"/> 09	<input type="checkbox"/> 29	<input type="checkbox"/> 2006
<input type="checkbox"/> 09	<input type="checkbox"/> 19	:	<input type="checkbox"/> 09	2006										
through			<input type="checkbox"/> 09	<input type="checkbox"/> 29	<input type="checkbox"/> 2006									
5. (a) Date of Public Distribution(s) <table><tr><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 22</td><td>:</td><td><input type="checkbox"/> 2006</td></tr></table>		<input type="checkbox"/> 09	<input type="checkbox"/> 22	:	<input type="checkbox"/> 2006	(b) Communication Title Capital								
<input type="checkbox"/> 09	<input type="checkbox"/> 22	:	<input type="checkbox"/> 2006											
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? <input type="checkbox"/> Yes <input type="checkbox"/> No														
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No														
8. Custodian of Records (a) Name Alicia Alexion (b) Address (number and street) 1735 Market Street, Suite A425 (c) City, State and ZIP Code Philadelphia, PA 19103 (d) Name of Employer or Principal Place of Business Self-employed (e) Occupation Consultant														
9. Total Donations This Statement <table><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 0</td></tr></table>				<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0				
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0								
10. Total Disbursements/Obligations This Statement <table><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 0</td></tr></table>				<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 0	<input type="checkbox"/> 0					
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 0	<input type="checkbox"/> 0									

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commissioner's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Alicia Alexion

SIGNATURE

DATE

9/27/06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.